

indicated in the table, the average burden per response for the NPIN Web site User survey is 13 minutes and for the NPIN Products and Services User survey, 15 minutes. This differential is due to the difference in survey lengths.

The NPIN Web site User survey is comprised of 25 questions and the NPIN Products and Services User survey is comprised of 28 questions. The "Other" category of respondents is comprised of organizations that identified themselves

as "Other" or "Unknown" when requesting products or services from NPIN. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
NPIN Web site User Survey .....	All organizations .....	1,437	1	13/60	311
Subtotal .....	.....	1,437	.....	.....	311
NPIN Products and Services User Survey	Social service organization .....	224	2	15/60	112
	Health services organization/hospital/clinic.	680	2	15/60	340
	Community-based organization .....	291	2	15/60	146
	Association/foundation .....	52	2	15/60	26
	Libraries/clearinghouse/resource center ..	40	2	15/60	20
	Faith-based organization .....	133	2	15/60	67
	Government agency .....	352	2	15/60	176
	Educational organization/institution .....	671	2	15/60	336
	International agency .....	85	2	15/60	43
	Correctional facilities/agency .....	85	2	15/60	43
	News/media .....	32	2	15/60	16
	Businesses/corporation .....	101	2	15/60	51
	General public .....	394	2	15/60	197
	Other .....	1,437	2	15/60	719
Subtotal .....	.....	4,577	.....	.....	2,292
Total .....	.....	6,014	.....	.....	2,603

Dated: October 23, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-07-05CG]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74,

Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Medical Monitoring Project (MMP)—New—National Center for HIV, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

This proposed data collection supplements the HIV/AIDS surveillance programs in 26 selected State and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV

infection and AIDS and will incorporate data elements from two data collections: Supplement to HIV/AIDS Surveillance (SHAS) project (0920-0262) and the Adult/Adolescent Spectrum of HIV Disease (ASD). Both projects stopped data collection in 2004.

Although CDC receives surveillance data from all U.S. States, these supplemental surveillance data are needed to make estimates of key indicators, such as quality of HIV-related ambulatory care and the severity of need for HIV-related care and services. A large number of cities and States are heavily impacted by the HIV/AIDS epidemic, resulting in the need for population-based national estimates of HIV-related behaviors, clinical outcomes, and quality of HIV care.

This project will collect data on behaviors and clinical outcomes from a probability sample of HIV-infected adults receiving care in the U.S. Collection of data from interviews with HIV-infected patients will provide information on patient demographics, and the current levels of behaviors that may facilitate HIV transmission: Sexual and drug use behaviors; patients' access to, use of and barriers to HIV-related secondary prevention services; utilization of HIV-related medical

services; and adherence to drug regimens. Collection of data from patient medical records will provide information on: Demographics and insurance status; the prevalence and incidence of AIDS-defining opportunistic illnesses and comorbidities related to HIV disease; the receipt of prophylactic and antiretroviral medications; and whether patients are receiving screening and treatment according to Public Health Service guidelines. No other Federal agency collects national population-based behavioral and clinical

information from HIV-infected adults in care. The data will have significant implications for policy, program development, and resource allocation at the State/local and national levels.

CDC is requesting approval for a 3-year clearance for data collection. Data will be collected by 26 Reporting Areas (19 States, Puerto Rico and 6 separately funded cities). CDC estimates an average of 400 respondents per site with an 80% response rate, resulting in 8,320 respondents for the interview portion. A Short interview will be used for patients who are too ill to complete the Standard

interview or when the interview must be translated, and a Proxy interview will be available if the patient consents to having a family member or other person answer the questions in the case of severe illness or in the event the selected participant died prior to being interviewed. The proxy and the short interview, each which will be used on approximately 2% of patients, will take approximately 20 minutes. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Standard interview .....	7,988	1	45/60	5,991
Short interview .....	166	1	20/60	55
Proxy interview .....	166	1	20/60	55
Total .....				6,101

Dated: October 23, 2006.

**Joan F. Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Portfolio Review on Birth Defects and Developmental Disabilities

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

*Name:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Portfolio Review on Birth Defects and Developmental Disabilities.

*Times and Dates:*

8:30 a.m.–4:30 p.m., January 8, 2007

(Closed).

8 a.m.–5 p.m., January 9, 2007 (Closed).

*Place:* CDC Harkin Global Communications Center, 1600 Clifton Road, Atlanta, GA 30333.

*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

*Matters To Be Discussed:* The meeting will include the review of the Division of Birth Defects and Developmental Disabilities' programs, strategies, and activities.

*Contact Person for More Information:* Esther Sumartojo, Associate Director for Science, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., Mailstop E-87, Atlanta, GA 30333, Telephone Number 404.498.3072.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: October 20, 2006.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Program Peer Review Subcommittee of the Board of Scientific Counselors (BSC), Centers for Disease Control and Prevention (CDC), National Center for Environmental Health/Agency for Toxic Substances and

Disease Registry (NCEH/ATSDR): Teleconference.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), CDC, NCEH/ATSDR announces the following subcommittee meeting:

*Name:* Program Peer Review Subcommittee (PPRS).

*Time and Date:* 8:30 a.m.–10:30 a.m. Eastern Standard Time, November 22, 2006.

*Place:* The teleconference will originate at NCEH/ATSDR in Atlanta, Georgia. To participate, dial 877/315-6535 and enter conference code 383520.

*Purpose:* Under the charge of the BSC, NCEH/ATSDR, the PPRS will provide the BSC, NCEH/ATSDR with advice and recommendations on NCEH/ATSDR program peer review. They will serve the function of organizing, facilitating, and providing a long-term perspective to the conduct of NCEH/ATSDR program peer review.

*Matters To Be Discussed:* A review of the previous meeting; an update on the planning of the Site Specific Activities Peer Review; a discussion of the revised Peer Review Conflict-of-Interest form; a discussion of Terrorism Preparedness and Emergency Response Peer Review in February 2007: Divisions included in the review, areas of expertise required for the review, and nominations for a PPRS panel member, chairperson and peer reviewers.

Agenda items are subject to change as priorities dictate.

**SUPPLEMENTARY INFORMATION:** This meeting is scheduled to begin at 8:30 a.m. Eastern Standard Time. To participate, please dial 877/315-6535 and enter conference code 383520.